

Date completed mm/dd/yyyy \_\_\_ / \_\_\_ / \_\_\_

## A. Facility Information:

Facility ID: \_\_\_\_\_

1. Ownership of your dialysis center (choose one):

For profit  Not for profit  Government

2. Location / hospital affiliation of your dialysis center:

Hospital based  Freestanding  Freestanding but owned by a hospital

3. Types of dialysis services offered (check all that apply):

- In-center hemodialysis
- peritoneal dialysis
- home hemodialysis

4. Number of in-center hemodialysis stations: \_\_\_\_\_

5. Is your facility part of a group or chain of dialysis centers?  Y  N

If yes, name of group or chain: (dropdown list)

DaVita  Dialysis Clinic Inc. (DCI)

Fresenius Medical Care  Other chain: \_\_\_\_\_

6. Primary person(s) responsible for collecting data for this survey (check all that apply):

Dialysis nurse  Dialysis technician  Administrator

Infection control practitioner  Other: \_\_\_\_\_

7. Is there someone at your unit in charge of infection control?  Y  N

If Yes, check all that apply:

Dialysis staff member  Hospital-affiliated or other infection control practitioner comes

to our unit  Other: \_\_\_\_\_

8. In general at your facility, are hemodialysis patients treated in discrete shifts (e.g., morning shift separate from afternoon shift) or are dialysis treatments initiated as soon as a machine is available (choose one answer)?

Discrete shifts

Not discrete shifts (mixed shifts)

**Assurance of Confidentiality:** The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

9. At a typical hemodialysis station, how much time separates the removal of one patient who has just completed treatment from the initiation of the next patient on the same machine?  
 \_\_\_\_\_ hours \_\_\_\_\_ minutes

10. Please select the types of records available to infection control personnel (check all that apply).

	Paper copies	Electronic records	None
Infections			
Hospitalizations			
Antibiotic therapy			
Machine assignment			
Hepatitis seroconversions			

***Please respond to the following questions based on records from your facility for the first week of December***

**B. Patient and staff census**

11. How many **CHRONIC, NON-TRANSIENT dialysis PATIENTS** were assigned to your center?  
 \_\_\_\_\_

Of these, please indicate the number who received:

- a. in-center hemodialysis \_\_\_\_\_      b. home hemodialysis \_\_\_\_\_  
 c. peritoneal dialysis \_\_\_\_\_ *(the sum of a, b, and c should equal the answer given for #11)*

12. How many full-time and part-time **CLINICAL** staff were employed in your facility? *Include only staff who had direct contact with hemodialysis patients or equipment* \_\_\_\_\_

Specify the number of these clinical staff by category:

- a. nurse / nurse assistant \_\_\_\_\_      b. dialysis patient-care technician \_\_\_\_\_  
 c. dialysis biomedical technician \_\_\_\_\_      d. social worker \_\_\_\_\_  
 e. dietician \_\_\_\_\_      f. physicians / physician assistant \_\_\_\_\_  
 g. other \_\_\_\_\_ *(the sum of a-g should equal the answer given for #12)* \_\_\_\_\_

**C. Vaccines**

13. Of the patients counted in question 11, how many received:

- a) at least 3 doses of hepatitis B vaccine (ever)?  
 b) the influenza (flu) vaccine for this flu season (September or later) ?  
 c) the pneumococcal pneumonia vaccine (in the past 5 years)?

14. Of the staff members counted in question 12, how many

- received at least 3 doses of hepatitis B vaccine ever
- received the influenza (flu) vaccine for this flu season (September 2007 or later) ?

15. Does your facility use standing orders to allow nurses to administer vaccines to patients without a specific physician order?

- Yes, only for hepatitis B vaccine     Yes, for hepatitis B and other vaccines  
 No, not for any vaccines

## D. Hepatitis

16. Of your **CHRONIC, NON-TRANSIENT** in-center hemodialysis PATIENTS from question 11. How many converted from hepatitis B surface **ANTIGEN** (HBsAg) negative to positive in the past 12 months (*i.e. had newly acquired hepatitis B virus infection, not as a result of vaccination*). Do not include patients who were antigen positive before they were first dialyzed in your center)? \_\_\_\_\_

How many were hepatitis B surface antigen (HBsAg) positive on arrival to your center? \_\_\_\_\_

17. Of the patients counted in question 11 a., were all or almost all tested for hepatitis B surface **ANTIBODY** (anti-HBs) in the past 12 months? \_\_\_Y \_\_\_N  
If Yes, how many were positive? \_\_\_\_\_

18. Of the patients counted in question 11 a., were all or almost all tested for **hepatitis C antibody** in the past 12 months? (*Note-this is NOT hepatitis B core antibody*)? \_\_\_Y \_\_\_N  
If Yes, how many were positive for hepatitis C antibody? \_\_\_\_\_

## C. DIALYSIS POLICIES AND PRACTICES

19. Does your facility reuse dialyzers for some or all patients? \_\_\_Y \_\_\_N

If Yes,

- a) What method is used to disinfect the majority of these dialyzers? (CHOOSE ONE)  
b)  Formaldehyde (formalin)  Glutaraldehyde (Diacide)  Peracetic acid (e.g., Renalin, and others)  Heat  Amuchina  Other

c) Is bleach also used to clean the inside of these dialyzers? \_\_\_Y \_\_\_N.

d) Where are dialyzers reprocessed?  Dialyzers are reprocessed at your facility  Dialyzers are transported to an off-site facility for reprocessing  Both at your facility and off-site

e) If reprocessed on-site, are they processed on the same day of their use? \_\_\_Y \_\_\_N  
\_\_\_ Mixed

20. Where are medications from multidose vials most commonly drawn into syringes to prepare for patient administration? (CHOOSE ONLY ONE)  
 At a fixed location within the dialysis unit, not separated by walls from the rest of the patient treatment area  
 In a separate medication room or in a medication area separate from the patient treatment area  
 On a mobile medication cart within the treatment area or at the individual dialysis stations  
 Other, specify

21. Does your facility generally use erythropoietin from single-dose or multiple-dose vials?

- Single-dose  Multiple-dose

If your facility uses single-dose:

Is erythropoietin from a single-dose vial administered to more than one patient? \_\_\_Y \_\_\_N

22. Does your center utilize any means of restricting or ensuring appropriate antibiotic use? \_\_\_Y \_\_\_N

If yes, is it:

\_\_\_ have a written policy on antibiotic use \_\_\_ formulary restrictions  
\_\_\_ antibiotic use approval process \_\_\_ automatic stop orders for antibiotics

## F. VASCULAR ACCESS

23. Job classification of staff members primarily responsible for providing hemodialysis catheter care (access catheters or change dressing) (check all that apply):

Nurse       Technician       Other: \_\_\_\_\_

24. Before puncture of a graft or fistula, the area is washed or prepped with (check all that are commonly used):

Nothing       Plain soap       Antibacterial soap or scrub       Povidone-iodine  
 Alcohol       Chlorhexidine       Other: \_\_\_\_\_

25. The most common connector-device on hemodialysis catheters used in your center are (select one):

needleless luer-lock devices       blunt needle systems       sharp needle systems

26. Before access of hemodialysis catheters, the catheter port site (usually a rubber diaphragm) is prepped with (check the one most commonly used)

Nothing       Povidone-iodine       Chlorhexidine       Alcohol       Multiple agents  
 Other (specify): \_\_\_\_\_

27. When a hemodialysis catheter dressing is changed, the exit site (i.e., place where the catheter enters the skin) is cleaned with (check the one most commonly used):

Nothing       Povidone-iodine       Chlorhexidine       Alcohol  
 Other (specify): \_\_\_\_\_

28. For hemodialysis catheters, is antibacterial ointment routinely applied to exit site during dressing change?  Y  N

If yes, what type of ointment?  Povidone-iodine       Mupirocin  
 Bacitracin/polymixin (polysporin)

Other: \_\_\_\_\_

29. For peritoneal dialysis catheters, is antibacterial ointment routinely applied to exit site during dressing change?  Y  N  N/A

If yes, what type of ointment?  Povidone-iodine       Mupirocin  
 Bacitracin/polymixin (polysporin)       Ciprofloxacin      \_\_\_\_\_

Gentamicin

Other: \_\_\_\_\_

30. How often do you use a chlorhexidine patch (e.g., Biopatch) to cover the hemodialysis catheter exit site?

Never       Sometimes       Frequently or always

31. Specify type of dressing used over hemodialysis catheters (check types that are commonly used):

None       Gauze       Band-aid       Transparent  
 Chlorhexidine patch (e.g., Biopatch)       Other: \_\_\_\_\_

32. How often is the dressing changed for most patients with hemodialysis catheters?

times per week.